

equation derived from a group of normal children. This equation should be used to define the limits of normal ascending aorta size. Children with BAV are at risk of developing a dilated ascending aorta. This dilatation is progressive. In serial echocardiographic follow up of a group of children with BAV in the Canadian Maritimes, ascending aortic z scores increased at an average rate of 0.39/year, suggesting that a follow up interval of three years would be appropriate for most paediatric patients with this condition. A higher initial left ventricular outflow tract gradient predicts more rapid aortic dilatation. Although the number of patients taking them was small, the non-use of β blockers also predicted more rapid aortic dilatation.

ACKNOWLEDGEMENTS

We thank Ms Patricia Bryan for her help with the echocardiography database, Mr Doug Milsom for assistance with the cardiology database, Dr Geoffrey Sharratt for critical review of the manuscript and Ms Laura Irving for her clerical assistance during the project and manuscript preparation.

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This work was supported by a Category A grant from the IWK Health Centre Research Services office and by a grant from the IWK Health Centre Division of Pediatric Cardiology Research Fund. LD is supported by a clinical research scholar award from Dalhousie University and by a New Investigator Award from the Canadian Institutes of Health Research.

Competing interests: None declared.

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